

IN THE UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF ARKANSAS
FAYETTEVILLE DIVISION

JILL DILLARD; ET AL

PLAINTIFFS

VS.

NO. 17-CV-05089-TLB

KATHY O'KELLEY; ET AL

DEFENDANTS

ORAL DEPOSITION

OF

ROBERT WYNNE, PH.D.

TAKEN SEPTEMBER 10TH, 2021, AT 9:04 A.M.

Bushman Court Reporting

EXHIBIT

3

tabbles

1 bachelor's in psychology, I went to California Institute of
2 Integral Studies, I have a master's in counseling psychology, I
3 have a Ph. D from the same school in clinical psychology,
4 there's been trainings along the way, different varieties.

5 Q Okay. What medical or other licenses do you or
6 credentials do you hold?

7 A I have an American Family Therapist license in the State
8 of California.

9 Q Any other licenses or credentials?

10 A No.

11 Q You are a psychologist; is that right?

12 A I'm a psychotherapist.

13 Q I see. Are you a psychologist?

14 A No. I don't have a psychology license, I have a marriage
15 and family therapist license in the State of California.

16 Q Okay. What is the difference between a psychologist and a
17 psychotherapist?

18 A Well, a psychologist has a license in psychology in the
19 State of California. Well, in this case, in the State of
20 California.

21 Q What does a --

22 A Different licensing. Excuse me.

23 Q Sure, sure. What does a license -- a psychology license
24 entitle a psychologist to do that a psychotherapist cannot do?

25 A You know, I just like couldn't tell you exactly, there

1 maybe some types of testing perhaps that a psychologist could
2 do, there maybe some particular positions of employment.

3 Q Okay. What's the difference in a psychotherapist and a
4 psychiatrist?

5 A A psychiatrist has a medical degree.

6 Q And a medical license; right?

7 A Correct.

8 Q You don't have a -- you haven't been to medical school and
9 don't have a medical license; is that right?

10 A That's right.

11 Q Okay. How long have you held a license as a
12 psychotherapist in the State of California?

13 A 1990.

14 Q Okay. Have you ever held any license in any other state?

15 A No.

16 Q Before endeavoring to prepare a report with respect to
17 these four plaintiffs, Ms. Dillard, Seewald, Forsyth and Vuolo,
18 had you ever met any of them before?

19 A No.

20 Q Okay. Certainly hadn't treated them in any professional
21 capacity; had you?

22 A I have not.

23 Q Okay. Okay. Let me dive in just for a minute on these
24 life care plans. There are five columns in each life care plan
25 chart and the first one is entitle, Modality, what do you mean

1 for psychotherapy phase one, you say, 25 sessions at \$275 an
2 hour for a total of \$6,875. So this is, as I understand it,
3 treatment that she would have needed even if no redacted police
4 reports had ever been disclosed; right?

5 A Correct.

6 Q Okay. Do you know if Ms. Seewald ever received any
7 treatment for -- to deal with problems that arose from actually
8 being molested by her brother?

9 A I'm not absolutely sure. My understanding is that there
10 was very little, if any.

11 Q Okay. Certainly, insufficient in your opinion?

12 A True.

13 Q Okay. The next row there under treatment needed if not
14 for disclosure of confidential information, you wrote, none,
15 for a total of \$0.00, of course, for follow-up treatment. Do
16 you think that 25 sessions of psychotherapy would have
17 essentially brought her back to 100 percent after a
18 molestation; is that fair?

19 A I mean, it -- it's maybe -- I certainly have to concede an
20 argument being made that some follow-up treatment down the line
21 could have been useful. I -- I concede that might have been,
22 you know, that could be recommended, no question.

23 Q So if, I think you just said this is accurate, that --
24 that she didn't receive, Ms. Seewald, I think you said this on
25 all four of the ladies but if they didn't receive appropriate

1 or sufficient or any treatment after being molested by their
2 brother, and would that have an affect going forward? In other
3 words, has that had an affect on the last 15 to 20 years?

4 A I -- I believe it has.

5 Q What -- what kind of affect do you think?

6 A Well, I think I state Indiscernible maybe my follow-up
7 report, you know, to some extent these were traumas of betrayal
8 and their brother betrayed their trust. I mean, Indiscernible
9 serious moral boundaries in molesting them and you kind of
10 alluded to this before, you know, in some ways, you know, we --
11 we keep things unconscious or keep things sort of subconscious
12 or compartmentalize things and to a point that can be adaptive,
13 to a point in their case maybe so their brother continues
14 living in the home and rather than stir things up even more
15 than they are, they learn to compartmentalize whatever happened
16 to a point. And in trauma of betrayal they talk about betrayal
17 blindness or a need to not know or dissociation so that in many
18 ways, those symptoms get kind of stashed to the side. They
19 still know consciously but there's -- it's kind of, again,
20 compartmentalized. And so, that -- so the trauma's still
21 there, it's not -- the trauma, you know, if you will. And I
22 think that's largely what happened to each of them to a point,
23 that it remains somewhat dormant inside them and in the case of
24 trauma, time does not heal all wounds. So I do believe when
25 the -- when all that was disclosed that had some more -- it was

1 more catastrophic as a result of unresolved issues.

2 Q Wasn't that -- yeah, wasn't that betrayal of trust you
3 mentioned by their brother but didn't -- didn't their parents
4 also betray trust by not getting them sufficient treatment for
5 what they'd been through?

6 MR. BLEDSOEN: Object to the form.

7 A (By Mr. Owens) Well I think it's a very complicated
8 dynamic with their parents, I would imagine. And I -- my sense
9 it -- my understanding from listening to some of the plaintiffs
10 that, you know, the parents hold a lot of guilt for, you know,
11 putting them in place, for not protecting them in the first
12 place. I imagine they must feel they're not to blame by
13 Indiscernible. I imagine they must feel some deep regret so
14 they might feel their parents betrayed them on some level but
15 again I think this is a very complicated dynamic and parents
16 did what they thought was best. You know, I'm sure they feel,
17 again, they were betrayed by their son as well. And so, their
18 -- their response may have not been the most adaptive but I
19 trust they were doing what they thought was -- was best.

20 Q Whatever trauma occurred before May of 2015, would not
21 attributable to any of the defendants in this lawsuit, was it?

22 A No, it was not.

23 Q Okay. So isn't the whole goal of psychotherapy
24 particularly about old traumas or harms more than a decade old,
25 let's say, isn't it about dispensing the secrets and getting

1 things out in the open?

2 A Well, at that -- that could be part of it, sure.

3 Q Because isn't that healing and therapeutic in the end even
4 if it's difficult in the moment?

5 MR. BLEDSOEN: Object to form.

6 A (By Mr. Owens) Well healing and therapeutic in a private
7 venue. It's not healing and therapeutic in the context of
8 spreading the news to the world. So, and it not be paparazzi
9 stalking you, that would call out the Indiscernible feeling.

10 Q Okay. Okay. So let me -- going back to these
11 psychotherapy thoughts, in the psychiatric life care plan,
12 again, referring specifically to your report on Jessa Seewald,
13 on the second -- on the last two columns of these first two
14 rows under "additional treatment needed due to disclosure of
15 confidential information," what confidential information are
16 you referring to in that heading?

17 A I think I'm probably speaking to concerns of the
18 disclosure of the sexual abuse.

19 Q Did you review the reports that were actually disclosed?

20 A No, I don't believe I did.

21 Q Okay. So do you know what confidential information was
22 disclosed or not?

23 A My understanding, at least from their report, is
24 information that they were easily or at least they were
25 identifiable, what happened and who they were.

1 Q Okay. And that's based on your -- the reports of these
2 ladies and your evaluations; right?

3 A Correct.

4 Q Okay. There you say that Ms. Seewald needs 100 -- "100
5 sessions by an experienced psycho dynamic psychotherapist at
6 \$275 per session for a total of \$27,500 in the -- in the row of
7 individual psychotherapy phase one. In the second row,
8 psychotherapy phase two, follow-up treatment, you say 50
9 sessions at \$275 per session for a total of \$13,750. So when I
10 compare those I think your opinion is that she needs four times
11 as much psychotherapy to deal with the disclosure of redacted
12 police reports than she needed for her actual molestation by
13 her brother; is that fair?

14 A Well, you know, these are, if you will, ballpark figures
15 and I, again, I do think this was not a one and done situation.
16 This was a genie out of the bottle that continues to haunt them
17 today. Yes, they've got -- they look better in many respects,
18 at least to some degree or lesser degrees but this is something
19 ongoing dynamic that -- you know, they -- as they -- some of
20 them have said, it's changed their lives and maybe their lives
21 may never be the same so I think, you know, again, you can't
22 separate the molestation from the disclosure of the molestation
23 so they're entwined and you throw in, as they put -- put out,
24 you know, their brother -- now their -- I think as Jinger said,
25 roped into any kind of scandal he's involved in so it just gets

1 terms of what that individual needs and what other continuing
2 stressors are arising and how -- how capable they feel feeling
3 those stressors in a more adaptive way.

4 Q So how would you know, in Jessa Seewald's case for
5 instance, how would you know when you had achieved your goal --
6 goals in terms of psychotherapy? How would you know, you know,
7 67 sessions is enough, we don't need to have 68? How would you
8 know when to stop?

9 A We'd have to look at Jessa's report again to say exactly
10 what would need to be accomplished, but again, I think a lot
11 also depends on what continuing stressors she's -- she
12 experiences and whether it's, you know, ongoing news coverage,
13 you know, paparazzi news coverage that includes her or, you
14 know, it's hard to know how the -- the current conflicts made
15 morph into other types of problems in whether that's with her
16 children, with her marriage, whether it's in her work, in her
17 relationships, so it's -- with her family, any number of
18 measures to address and -- and, you know, how she feels what's
19 enough.

20 Q To date, as we sit here today on September 10th of 2021,
21 have any of these four women, to your knowledge, sought or
22 received any psychotherapy at all?

23 A Let's see, I believe -- was it, Jill? I think Jill or
24 Jinger, I'm sorry.

25 Q Okay. Do you believe that one of them has?

1 A Right.

2 Q What to your understanding and not particularly
3 Indiscernible point it is, I kind of think it's Jill as well
4 based on my recollection but what psychotherapy has she sought
5 or received?

6 A She sought out couples therapy.

7 Q Okay. Is that the kind of psychotherapy you're talking
8 about in this report?

9 A I think I mentioned couples therapy. I trust that it's
10 helpful for her but I think -- I think she could benefit from
11 an individual process as well.

12 Q Do you know whether or not her husband would allow that?
13 Would allow her to attend individual psychotherapy?

14 A I don't know. It's a good question.

15 Q Do you know why she sought or received psychotherapy?

16 A I believe the initial Indiscernible was family conflict.

17 Q If I told you that she testified the other day in her
18 deposition that her father was verbally abusive to her and that
19 that was a toxic relationship in her life, would that surprise
20 you?

21 MR. BLEDSOEN: Object to the form.

22 A (By Mr. Owens) I think she told me the same thing and it
23 wouldn't surprise me at all given what this family has been
24 through. I mean, it's been -- I mean, I'm sure for the parents
25 as well, extremely toxic and stressful and traumatic. And so,

1 again, the -- the trauma has a ripple affect and it affects
2 each family member and I'm sure it creates greater tensions and
3 conflict and it's not a surprise.

4 Q You would agree that there is toxicity in this family,
5 that there are conflicts in this family that have absolutely
6 nothing to do with Josh Duggar, molestation, or the disclosure
7 of police reports; right?

8 MR. BLEDSOEN: Object to the form.

9 A (By Mr. Owens) I would imagine that's the case but I --
10 again, I would say it's hard to separate out what's happened
11 with Josh, what he's done, what's happening these days, the
12 media coverage, and that should not -- contaminates everything.
13 So Indiscernible hard to fully separate out tensions, conflict,
14 trauma, associated with those ongoing dynamics.

15 Q I don't disagree with that. I think it's probably
16 impossible. The -- you would agree that they have suffered
17 other stressors and/or trauma; right? All four of these
18 ladies?

19 MR. BLEDSOEN: Object to form.

20 A (By Mr. Owens) Yes.

21 Q And, I mean --

22 MR. OWENS: -- those are good objections, I
23 didn't say other -- other than what; right?

24 Q (By Mr. Owens) Other than their molestation by their
25 brother, Josh, and then the disclosure of these redacted police

1 six month, one year period are you talking about?

2 A Well, many of them mentioned there was a period of where
3 it was most intense, the paparazzi was the most intense and it
4 was hell. I was insane, you know, to quote them. Out of
5 control. So, I think, you know, that the Indiscernible is
6 continuing but it was -- it was not quite as intense after
7 Indiscernible.

8 Q Did any of the ladies seek or receive psychotherapy, group
9 therapy, couples therapy or any other care or treatment during
10 that six months to a year?

11 A I don't believe they did.

12 Q Okay. You used a couple words about parenting deficits
13 that might result from stressors and trauma, one I heard was
14 inattentive the other was over protective, aren't those the
15 opposite of one another?

16 A Yeah, both can be true.

17 Q Did you observe either one in your evaluations of these
18 ladies?

19 A I didn't observe their parenting but I did pick up that
20 they're moments where some of them felt anxious and preoccupied
21 and weren't as attentive, I believe, as they would have like to
22 have been and maybe weren't as attuned, if you will, to their
23 infants, you know, the nuances and so it's -- it can be a very
24 subtle thing and certainly I think they're preoccupation with
25 safety and trust and so -- for their children. And so, whether

1 family group therapy prior to the disclosure of these redacted
2 police reports?

3 A I don't know.

4 Q Other than --

5 A -- no.

6 Q Other than any therapy that Jill and Derrick Dillard may
7 have participated in in the last few years, do you know of any
8 family group therapy that any members of the Duggar family have
9 ever participated in?

10 A Not that I know of.

11 Q Okay. You would agree that you have not interviewed any
12 of the plaintiffs' children in this case and don't have any
13 opinion about their relative or adjustment status or anything
14 like that; right?

15 A All is I just mentioned the risk factors associated with
16 their parents.

17 Q I've talked about the structure of this chart that it
18 breaks down into treatment needed if not for the disclosure of
19 confidential information and additional treatment needed due to
20 -- due to the disclosure of confidential information, the
21 column, treatment needed if not for the disclosure of
22 confidential information, in other words, if this confidential
23 information had never occurred, this release of these redacted
24 police reports had never occurred, you are attributed or assert
25 that the defendants in this case ought to be liable for any of

1 those amounts, do you?

2 A As far as that they shouldn't be liable for treatment that
3 prior to the disclosure of information?

4 Q Right. That would have been needed whether or not the
5 information had ever been disclosed?

6 A Correct, yep.

7 Q Okay. The next row is, couple's therapy -- "couple's
8 therapy focused on managing cumulative situations, stresses,
9 and Indiscernible, other than the Dillards, are you aware of
10 any the other plaintiffs in this case ever seeking or receiving
11 any couple's therapy?

12 A No, I'm not.

13 Q Okay. And here again, you recommend 10 sessions if not
14 for disclosure and 25 sessions due -- due to the disclosure. I
15 was struck by when reading these reports and watching the
16 evaluations and things at how glowingly each of these ladies
17 describe their marriages. I don't think I've heard anyone talk
18 so glowingly about their husbands, certainly not my wife. I've
19 been married 21 years. I wonder what fault do you see in any
20 of the marriages or marriage dynamics of any of these
21 plaintiffs?

22 A Well, I mean, I think Jill eludes to tensions with her
23 husband and I think -- sorry, I lost my train of thought there.
24 I do think, you know, there's some idealizing of the
25 relationships and, you know, Joy got married when she was 19

1 over time.

2 Q You don't know of any of these things -- you don't know of
3 any of these things that -- that you listed out, which you
4 called somatic symptoms, you don't know of any of those things
5 exist now in any of the plaintiffs -- you don't know if any of
6 things existed before the disclosure of the redacted police
7 reports and you certainly don't know if any of them will exist
8 in the future; isn't all that correct?

9 A Yeah, I'm not a medical doctor. I'm just speaking to what
10 the research and my professional experience has shown in terms
11 of risk factors associated with cumulative stress, that is my
12 point.

13 Q Okay. Let me break them down, you don't know anything
14 about the physical health profile of any of the plaintiffs in
15 this lawsuit before May of 2015, do you?

16 A Yeah, there are some symptoms some of them experienced
17 something when you're a child during childhood Indiscernible
18 but generally speaking I don't have a very clear picture of
19 their medical history.

20 Q Right. Some of them had some issues as children like
21 wetting the bed and -- and I think one of them bit their
22 fingernails as a child, if I recall correctly, you know, a few
23 of those kind of anecdotal things from their discussions during
24 your tele-evaluation; right?

25 A Yes.

1 Q You've not reviewed any medical records of any of these
2 plaintiffs from any point in time, have you?

3 A No, I have not.

4 Q Okay. And to the extent you know about any physical
5 health problems, symptoms, complaint, it's from them telling
6 you about them anecdotally during your evaluation; right?

7 A Correct.

8 Q Okay. How did you arrive at the life expectancy figure on
9 this row, 80 years of age?

10 A Yeah, that's a ballpark figure I think that Dr. Kleinman
11 put out some time ago.

12 Q Okay. You -- I think you use the same life expectancy for
13 all four of these ladies, you didn't attempt to customize that
14 life expectancy to each plaintiff, did you?

15 A No, I did not.

16 Q How did you arrive at the figure of \$3,000 a year and what
17 does that figure represent?

18 A You know, I'd have to look at my references but I think
19 there is some research by Greenberg but there's research in
20 terms of, again, cumulative stress, the affects of anxiety,
21 especially when there's been trauma and the estimated
22 healthcare cost over time.

23 Q Okay. So what this figure represents is the amount that
24 Jessa Seewald would have to spend on physical healthcare
25 treatment each year for the remainder of her life that she

1 A I'm not a psychologist but as a marriage and family
2 therapist or clinic or Ph. D, I can, yes.

3 Q Okay. I'm sorry, I apologize for misspeaking. My
4 understanding is you cannot prescribe any medications for any
5 of those diagnosis; is that right?

6 A That's right.

7 Q Okay. The next row in -- in your report has to do with
8 psychopharmacologic consultation and then the next one is
9 psychotropic medication, did you complete those rows in your
10 draft report?

11 A Dr. Kleinman completed those rows.

12 Q Okay. Did he tell you what psychotropic medications he
13 thought any of the plaintiffs might need?

14 A I don't believe he specified exact medications but I
15 assume he was moving to medications that might lean towards
16 helping with anxiety and maybe depression.

17 Q Okay.

18 A Indiscernible medications.

19 Q Do you know whether any of the plaintiffs had been
20 prescribed any psychotropic medications to date?

21 A I don't believe they have. Not to my knowledge.

22 Q The inclusion of a row or psychologic --
23 psychopharmacologic consultation Indiscernible to me that a
24 determination would have to be made at some point in the future
25 whether any of them need psychotropic medications; is that

1 mentioned increased tensions with the -- with the father, at
2 least. It's affected the whole family, I'm sure. I haven't
3 evaluated the whole family but my understanding is, and how
4 could they not, be affected? So there's any number of levels
5 of pain and suffering that -- there's been ebb and flow but
6 continued.

7 Q Why do you think Joy Forsyth might need twice as many
8 psychotherapy sessions in the future as Jessa Seewald?

9 A You know, I'd have to kind of look at the report again but
10 I -- I think one thing that's significant I think in terms of
11 the timing of when this came out with Joy as a 17 year old. I
12 think developmentally she was in -- they all were vulnerable
13 but I think she was a particularly vulnerable phase of her life
14 and how that may have, and I believe, can affect one so, you
15 know, I think -- again, I'd want to review the whole report but
16 that's based on my recollection of why I felt she -- that she
17 -- I recommended as what she needed or will need.

18 Q Okay. The same figures were included on the life care
19 plan chart for all four plaintiffs with respect to what they
20 might need as far as medication consultations and -- and the
21 potential for needing some medication in the future, does that
22 mean that they all have the same likelihood of a need for
23 medication?

24 A Not, again, I wasn't part of the decision making in terms
25 of the pharmacological recommendations. I trust that, again,

1 Dr. Kleinman was making more of a ballpark figure of what he
2 expects or any risk factors for each of them and so not to be
3 written in stone but certainly, you know, taking in risk
4 factors, his experience as a psychiatrist and what they may
5 need on an ongoing basis.

6 Q And you wouldn't be qualified to be -- to testify about
7 medication decisions; right?

8 A Correct.

9 Q Okay. Are you qualified to assess, diagnose and/or
10 testify about physical healthcare needs?

11 A Not specifically but the -- in a diagnostic way. I can
12 certainly, you know, talk about risk factors associated with
13 chronic stress and how that is related to increased need --
14 healthcare needs over time. I certainly can, you know, speak
15 to the literature supporting that.

16 Q Yeah, are -- are there any specific physical healthcare
17 needs that arise from chronic stressed based on study you
18 review?

19 A You know, again, I think I spoke to this before, I'm --
20 I'm (Indiscernible) but there could be anything from
21 hypertension, could be cancer, could be heart issues, so, you
22 know, literature is with all kinds of new coverage of, you
23 know, risk factors associated with chronic stress.

24 Q Do any of those studies address new single case studies or
25 are they all in the aggregate? Are they looking at large

1 and what's motivating them but, again, I think this has been
2 part of their lifestyle and that they're continuing to try to
3 live their life, you know, as -- as they have, notwithstanding
4 some of the challenges around, you know, media commentary.

5 Q Do you know when they started on -- on social media the --
6 the four plaintiffs when -- when they started being active on
7 social media?

8 A I'm not sure.

9 Q Did I hear earlier, and I may have misheard this, but did
10 I hear you express an idea that the plaintiffs might not be
11 willing to seek counseling because of their religious beliefs?

12 A I may have mentioned that. I know I suggested that in a
13 report.

14 Q If that is the case, would there -- would it not be more
15 effective to explore or recommend a -- a different course of
16 treatment?

17 A If that's the case, yeah, maybe.

18 Q What other courses of treatment would there be?

19 A I don't know if it's something more, you know, religious
20 based, Christian based, Christian forums, I'm not sure what the
21 options are but certainly maybe -- maybe it's something to
22 explore with them.

23 Q Do you have concern that they will not seek the counseling
24 that you recommend?

25 MR. DANIELS: Object to form.